

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101009277

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1			1	
2				1
3				1
4				1
5				1
6			1	
7				1
8				1
9				1
10			1	
11				1
12				1
13				1
14				1
15				1
16				1
17				1
18				1
19				1
20				1
21				1
22			1	
23				1
24				1
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27				1
28				1
29				1
30			1	
31				1
32				1
33				1
34				1
35				1
36				1
37				1
38				1
39				1
40				1
41				1
42				1
43				1
44				1
45				1
46				1
47				1
48				1
49				1
50				1
TOTAL IND.			1	
TOTAL DEP.			24	
TOTAL CLAIMS			31	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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100								
TOTAL IND.			1					
TOTAL DEP.			24					
TOTAL CLAIMS			31					